

Immunization Record and History

PATIENT NAME (Last Name, First Name, Middle Initial)			NUMBER		
BIRTHDATE	<input type="checkbox"/> Male <input type="checkbox"/> Female	KNOWN REACTIONS TO VACCINES/ALLERGIES	PRACTICE NAME/ADDRESS		
VACCINES FOR CHILDREN (VFC) ELIGIBILITY (check one)					
<input type="checkbox"/> CHDP/Medi-Cal eligible			<input type="checkbox"/> No health insurance		
<input type="checkbox"/> American Indian/Alaskan Native			<input type="checkbox"/> (Only federally qualified and rural health centers) Health insurance does not cover IZs		
<input type="checkbox"/> Not eligible					

If a combination vaccine (e.g., DTaP+IPV+HepB or HepB+Hib) is used, record dose in each section.

VACCINE <i>Circle one</i>	DATE GIVEN*	MANUFACTURER AND LOT NUMBER	ADMINISTERED BY	SITE** VIS I.D.†	VACCINE	DATE GIVEN*	MANUFACTURER AND LOT NUMBER	ADMINISTERED BY	SITE** VIS I.D.†
HepB 1				IM	Pneumo Conj 1				IM
HepB 2				IM	Pneumo Conj 2				IM
HepB 3				IM	Pneumo Conj 3				IM
HepB				IM	Pneumo Conj 4				IM
Rotavirus 1				oral	IPV 1				IM or SC
Rotavirus 2				oral	IPV 2				IM or SC
Rotavirus 3				oral	IPV 3				IM or SC
DTaP/DT/Td/Tdap 1				IM	IPV 4				IM or SC
DTaP/DT/Td/Tdap 2				IM	MMR 1				SC
DTaP/DT/Td/Tdap 3				IM	MMR 2				SC
DTaP/DT/Td/Tdap 4				IM	Varicella 1				SC
DTaP/DT/Td/Tdap 5				IM	Varicella 2				SC
Td/Tdap (boosters over)				IM	HepA 1				IM
HIB 1				IM	HepA 2				IM
HIB 2				IM	TB SKIN TESTS				
HIB 3				IM	DATE GIVEN	TYPE	DATE READ	IMPRESSION	
HIB 4				IM		<input type="checkbox"/> Mantoux <input type="checkbox"/> Other		<input type="checkbox"/> Negative <input type="checkbox"/> Positive (mm _____)	
						<input type="checkbox"/> Mantoux <input type="checkbox"/> Other		<input type="checkbox"/> Negative <input type="checkbox"/> Positive (mm _____)	
						<input type="checkbox"/> Mantoux <input type="checkbox"/> Other		<input type="checkbox"/> Negative <input type="checkbox"/> Positive (mm _____)	

* **Date Given** is the date you gave the patient the Vaccine Information Statement (VIS) and you administered the vaccine.

** **Site:** Abbreviations are LD=left deltoid or left outer upper arm, LT=left thigh, RD=right deltoid or right outer upper arm, RT=right thigh. Proper route indicated by italics: IM=intramuscular, SC=subcutaneous.

§ **MCV4** is given IM and **MPSV4** is given SC.

† **VIS**—Vaccine Information Statement. Each VIS has an issue date in the lower corner; record the VIS issue date here. The VIS should be given to the patient/parent before each dose of vaccine is administered. Each VIS can be downloaded from www.cdc.gov/nip/publications/VIS.

Note: If you are recording a vaccine given elsewhere, record date dose was given, write in "elsewhere" or "transcribed" and/or name of provider.

Immunization Record and History, continued

If a combination vaccine (e.g., DTaP+IPV+HepB or HepB+Hib) is used, record dose in each section.

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